

MSS Post Pregnancy Eligibility Tool

07/01/09

Instructions:

- An * asterisk indicates MSS targeted risk factor that needs a clinician to determine the clients risk criteria (A, B or C).
- After screening the client for the MSS targeted risk factors, document the date(s) in the appropriate A, B or C column for any identified criteria, sign the last page and assign the level of service

Risk Factor	A	B	C	Risk Factor Criteria
Race				B. American Indian, Alaska Native or non-Spanish speaking indigenous women from the Americas (e.g. women whose primary language is Mixteco, Mam, or Kanjobal, etc.)
				C. African American or Black
Prenatal Care				B. No prenatal care started during pregnancy
Nutrition				Food Insecurity: A. Runs out of food before the end of the month or cuts down on the amount eaten to feed others
				Pre-pregnancy BMI: A. Pre-pregnancy BMI 25.0 to 29.9
				*A. Pre-pregnancy BMI greater than or equal to (\geq) 30 and gained weight outside of the guidelines.
				*B. Pre-pregnancy BMI greater than or equal to (\geq) 30 and gained weight outside of the guidelines.
Medical				A. Inter-pregnancy interval- Current pregnancy: conception less than 9 months from end of last pregnancy
				Diabetes: B. Type 1, 2 or B. Gestational Diabetes with this pregnancy
				Hypertension: B. Chronic Hypertension: Chronic Hypertension diagnosed prior to pregnancy, or before 20 weeks gestation
				C. Gestational Hypertension with this pregnancy
				C. Multiples: Delivered more than one infant with this pregnancy
Maternal Age				B. Less than or equal to (\leq) 16 years of age at conception
Tobacco				B. Maternal tobacco use- smokes or uses tobacco
				B. Second hand smoke- someone who takes care of the infant smokes or smoke in the infant's home.
Alcohol & Substance Abuse or Addiction				*B. Stopped substance use upon diagnosis of pregnancy potentially at risk for relapse
				*B. Used alcohol and substances during pregnancy but actively engaged in alcohol/drug treatment program and has not used for more than or equal to (\geq) 90 days
				*C. Used alcohol, illicit substances, or non prescriptive use of prescription drugs during pregnancy or abstinent from use of alcohol, illicit substances, or non prescriptive use of prescription drugs for less than ($<$) 90 days
Mental Health Severe Mental Illness (SMI) and Perinatal Mood Disorder				* A. No history of mental health diagnosis, but answers "Yes" to "In the last month, have you felt down, depressed or hopeless?" or showing potential symptoms of depression, but has negative score on standardized depression screening tool. i.e. Edinburgh, CES-D
				*B. History of mental health treatment but is stable, or history of postpartum depression with previous pregnancy, and negative score on standardized depression screening tool.
				*B Current mental health diagnosis and is engaged in a mental health treatment
				*C. Mental health symptoms are evidenced by positive score on standardized depression screening tool
				*C. Client has a mental health diagnosis and exhibiting active symptoms which are interfering with general functioning.

Risk Factor	A	B	C	Risk Factor Criteria
Developmental Disability				*A. Severe developmental disability which could impact the woman's ability to take care of her infant, but has adequate support system, and demonstrates evidence of follow through with health care appointments/advice and self care
				*C. Severe developmental disability which impacts the woman's ability to take care of her infant and has an inadequate support system or does not demonstrate evidence of follow through with health care appointments/advice and self care
Intimate Partner Violence				A. In the last year, the woman's intimate partner (FOB) has committed or threatened physical/sexual violence against her.
CPS				*C. History of/or current CPS involvement
Infant				A. Fetal death this pregnancy- death greater than 20 weeks gestation
				C. Delivered LBW infant (less than 5lb 8 oz)
				C. Delivered Preterm infant (born less than 37 weeks gestation)
				*C. Infant with slow weight gain - loss of more than 10% of body weight since birth, has not gained back to birth weight by two weeks of age
				*C. Infant with birth defect and health problems
				*C. Drug/alcohol exposed newborn

☐ **Client received MSS during this pregnancy:**

☐ Check the box to acknowledge all the MSS targeted risk factors have been screened for and initial _____

Screen Date _____ **Completed by** _____ **Level of service** _____

Screen Date _____ **Completed by** _____ **Level of service** _____

Level of Service (continued from prenatal period):

- Basic = No risk factor or at least one A and no Bs or Cs
- Expanded = At least one B and no Cs
- Maximum = At least one C

To determine how many units the client can receive during the post pregnancy period:

1. Determine client's eligibility post pregnancy by using this form (basic, expanded or maximum).
2. If the client's eligibility increased post pregnancy (i.e. basic to expanded), subtract the units used prenatally from the max prenatal units for the current level of service determined post-pregnancy (i.e. expanded or maximum). Those remaining units may be used during the post pregnancy period, based on client need.

NOTE: If the client's eligibility stayed the same or declined post pregnancy, no additional units can be assigned.

☐ **Client did not receive MSS during this pregnancy and entered MSS ONLY post pregnancy:**

☐ Check the box to acknowledge all the MSS targeted risk factors have been screened for and initial _____

Screen Date _____ **Completed by** _____ **Level of service** _____

Screen Date _____ **Completed by** _____ **Level of service** _____

Level of Service (See Billing Instructions for number of units):

- PP Basic = No risk factor or at least one A and no Bs or Cs
- PP Expanded = At least one B and no Cs
- PP Maximum = At least one C

Client Name: _____ DOB: _____ ID #: _____ 07/01/09